| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  polication or Decket Number 09/844283  |                    |  |                  |       |              |                        |    |                    |                        |
|--|--------------------|--|------------------|-------|--------------|------------------------|----|--------------------|------------------------|
| CLAIMS   | SMAL<br>TYPE       |  | _                | OR    | OTHER'       |                        |    |                    |                        |
| TOTAL CLAIMS   | 21                 |  |                  | RAT   | E            | FEE                    |    | RATE               | FEE                    |
| FOR  | NUMBER FILED       | NUMBE                                      | RECTRA           | BASIC | FEE          | 355.00                 | OR | ASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIM   | 1 minus 20         | 1 minus 20-                                |                  | J\$\$ | <u>-</u>     |                        | OR | X\$18=             | 18                     |
| PIDEPENDENT CLAIMS   | 6 minus 3          | • 3  | • 3              |       | <u>, 1</u>   |                        | OR | X80=               | 290                    |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                    |  |                  |       |              |                        | OR | +270=              |                        |
| * If the difference in column 1 is less than zero, enter "o' in column 2 : TOTAL. OR   |                    |  |                  |       |              |                        |    | TOTAL              | 968                    |
| CLAIMS AS AMENDED - PART (I  |                    |  |                  |       |              |                        |    |                    |                        |
| 12.2404 (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY   |                    |  |                  |       |              |                        |    |                    |                        |
| COUNS REMAINS AFTER AMERITME   | G PR               | CLIMBER<br>CLIMBER<br>EVIOUELY<br>ALD FOR  | PRESENT<br>EXTRA | RA    | TΕ           | ADDI-<br>TIDNAL<br>FEE |    | RATE               | ADDI-<br>TIONAL<br>FEE |
| Total · 20   |                    | 21.  | •                | XS    | o=           |                        | OR | X\$18=             | \                      |
| Independent • (e:  | Minus              | <u> </u>                                   | .0               | X4    | <u>.  </u>   |                        | OR | X80=               | V                      |
| FIRST PRESENTATION Q   | F MULTIPLE DEPEND  | ENT CLAIM                                  |                  | ]     |              |                        |    | +270 <u>-</u>      |                        |
| Via  |                    |  |                  |       |              |                        |    | TOTAL              | ++1                    |
| Best Available Copy Moore Fee Land ADDIT. FEEL   |                    |  |                  |       |              |                        |    |                    |                        |
| COUNTY CONTY   |                    | Okumn 2)<br>HIGHEST                        |                  | 1     | 7            | ADDI-                  |    |                    | ADDI                   |
| Total - 20 Independent - 6   | *                  | NUMBER<br>REVIOUSLY .<br>PAID FOR          | PRESENT<br>EXTRA | I RA  | TE           | TIONAL                 |    | RATE               | TIONAL<br>FEE          |
| Total - 20   | Mirus              | 21.  | · :              | ×     | <b>9</b> = ] |                        | OA | X\$18-             |                        |
|  | Miras •••          |  |                  | _ X4  | 0-           |                        | OR | X80=               |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                    |  |                  |       |              | 1                      | OR | +270-              |                        |
| 1  |                    |  |                  |       | OTAL         |                        | OR | TOTAL<br>ADDIT FEE |                        |
| 1/20/(/a (Column 1) (Column 2) (Column 3)  |                    |  |                  |       |              |                        |    |                    |                        |
| Total Commission Commi | NG P               | HIGHEST<br>MEMBER<br>REVIOUSLY<br>PAID FOR | PRESENT          | 7     | JE           | ADDI-<br>TIONAL<br>FEE |    | RATE               | ADDI-<br>TIONAL<br>FEE |
| Total · 20   | Minus              | 21   | • 1              | X     | 9-           | ,                      | OR | X\$18-             | 1                      |
| Independent • G  | Mirus ••           | <u> </u>                                   | •                |       | <u>-</u>     |                        | OR | Ven                |                        |
| FIRST PRESENTATION   | OF MULTIPLE DEPEND | DENT CLAIM                                 |                  |       |              | 1                      |    | -                  | 1                      |
| * If the entire is column 1 is less than the entire is column 2 write W in column 3.   |                    |  |                  |       |              |                        |    |                    |                        |
| "If the "Righest Number Proviously Pade For" BY THIS SPACE is less than 20, order "21."  ADDIT, FEE  |                    |  |                  |       |              |                        |    |                    |                        |
| The "Highest Number Previously Paid For" (Total or independent) to the highest runther found in the appropriate best in column 1.  |                    |  |                  |       |              |                        |    |                    |                        |